Image# 12972064044 PAGE 1 / 12

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An A	Authorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
HCA INC. GOOD GO	VERNMENT FUND	) 	
ADDRESS (number and street)	PO BOX 550		
Check if different	ONE PARK PLAZA		
than previously reported. (ACC)	NASHVILLE		TN 37203 -
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
C C00067231	3	B. IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:	Ш	Mar 20 (M3) Jun 20	(M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (C	Q1) (c) 12-Day  PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Q2) Report for th		Special (12S)
Quarterly Report (0	Q3)	M M / D L	/ Y Y Y Y in the
January 31 Year-End Report (	YE)EI	lection on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day  POST-Electic  Report for th	` '	Runoff (30R) Special (30S)
Termination Report (TER)		M = M / D = E	/ Y Y Y Y in the
	EI	lection on	State of
5. Covering Period 0		through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the bes	st of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	er David Anderson		
Signature of Treasurer Davi	id Anderson	[Electronically Filed]	Date 08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erron	neous, or incomplete inform	nation may subject the person sig	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004
Only	1 1	1 1	1101. 12.2001

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### HCA INC. GOOD GOVERNMENT FUND

_			
R	eport Covering the Period: From:	7 01 2012	To: 07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		292912.75
	(b) Cash on Hand at Beginning of Reporting Period	181004.48	
	(c) Total Receipts (from Line 19)	7.23	21969.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181011.71	314881.75
7.	Total Disbursements (from Line 31)	10929.32	144799.36
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170082.39	170082.39
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## HCA INC. GOOD GOVERNMENT FUND

I. Receipts	I. Receipts COLUMN A Total This Period		
. Contributions (other than loans) From:	Total Tills Teriou	Calendar Year-to-Date	
(a) Individuals/Persons Other			
Than Political Committees	<del> </del>		
(i) Itemized (use Schedule A)	0.00	13975.00	
(ii) Unitemized	0.00	6932.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	20907.50	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)		0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	0.00	20907.50	
Transfers From Affiliated/Other	5.50	7	
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures	7	7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	1000.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	7.23	61.50	
. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account	<del> </del>		
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	7.23	21969.00	
Total Fodoval Pagainta			
. Total Federal Receipts	7.22	24000.00	
(subtract Line 18(c) from Line 19)▶	7.23	21969.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A  Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures:		Calcilual Teal-10-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
		0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	179.32	1549.36		
(c) Total Operating Expenditures		10.555		
(add 21(a)(i), (a)(ii), and (b))	▶ 179.32	1549.36		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	500.00	108500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures		0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
,				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
	0.00	0.00		
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(000.1 00 1 1 100)	7	7 7 7		
(d) Total Contribution Refunds	0.00			
(add Lines 28(a), (b), and (c))	▶ 0.00	0.00		
Other Disbursements	10250.00	34750.00		
Other Dispursements	10250.00	34730.00		
Federal Election Activity (2 U.S.C. §431)	(20))			
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entire				
With Federal Funds		0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))	▶	0.00		
Total Disbursements (add Lines 21(c), 2	2.			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))		144799.36		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)		144799.36		
from Line 31)	▶ 10929.32	1447 99.30		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	20907.50
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	20907.50
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	179.32	1549.36
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	179.32	1549.36

## S 17

S	CHEDULE B (FEC Form 3X)			LINE NUMBER: PAGE 6 OF 12			
	·	Use separate schedule(s	) FOR LINE (check only	NOMBER.			
П	EMIZED DISBURSEMENTS	for each category of the	21b		26		
		Detailed Summary Page	27		30b		
_	and information assist from south Department 2011						
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
Ļ.	NAME OF COMMITTEE (In Full)	and and one of any point			_		
$  \rangle$	HCA INC. GOOD GOVERNMENT	ELIND					
/	HCA INC. GOOD GOVERNMENT	FUND					
	Full Name (Last, First, Middle Initial)				_		
A.	Suntrust Bank			Date of Disbursement			
				M M / D D / Y Y Y			
	Mailing Address P.O. Box 622227			07 20 2012			
		State Zip Code		Transaction ID : SB21B.26145			
	Orlando	FL 32862-2227					
	Purpose of Disbursement account analysis fee			Amount of Each Dishurasment this Devict			
	Candidate Name			Amount of Each Disbursement this Period	-		
	Candidate Name		Category/	179.32			
	Office Sought: House Disbursen	nent For:	Туре		4		
		Primary General					
	President	Other (specify)					
	State: District:	- · · · · (- - 30·· · j /					
_	Full Name (Last, First, Middle Initial)				_		
В.	- (,			Date of Disbursement			
				M M / D D / Y Y Y Y			
	Mailing Address						
	City	State Zip Code					
	Purpose of Disbursement						
	ו מוףטפר טו בופטמופרוופוונ		· · · ·	Amount of Each Disbursement this Period			
	Candidate Name			oun of Each Blood Stillett tills I ellou	7		
			Category/ Type	L			
	Office Sought: House Disbursen	nent For:	1,750				
		Primary General					
		Other (specify) ▼					
	State: District:	•					
	Full Name (Last, First, Middle Initial)						
C.				Date of Disbursement			
				M - M / D - D / Y - Y - Y			
	Mailing Address						
	011.	N-1-					
	City	State Zip Code					
	Purpose of Disbursement						
	•			Amount of Each Disbursement this Period			
	Candidate Name		Category/	, another Each Disburschieft this reflou	-		
			Type				
	Office Sought: House Disbursen	nent For:					
	Senate	Primary General					
	President	Other (specify) ▼					
	State: District:						
Γ					٦		
S	SUBTOTAL of Disbursements This Page (optional)		•••••••	179.32			
Γ.				179.32	1		
ıT	'OTAL This Period (last nage this line number only)		▶	175.52			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:			
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	one)		
	Detailed Summary Page		22 X 23 24 25 28a 28b 28c 29	26	
				30b	
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NAME OF COMMITTEE (In Full)	, po			<u> </u>	
HCA INC. GOOD GOVERNMEN	T FUND				
/					
Full Name (Last, First, Middle Initial)			D (D)		
A. CANTWELL VICTORY 2012			Date of Disbursement		
Mailing Address 3518 FREMONT AVENUE NOR	TH		07 17 2012	Y	
#545					
City	State Zip Code		Transaction ID : SB23,26136		
SEATTLE Purpose of Disbursement	WA 98103				
fundraiser			Amount of Each Disbursement this	s Period	
Candidate Name		Category	23 2. 2.3 2.3 3 3	1 1100	
		Category/ Type	100	00.00	
	sement For:				
X Senate	Primary General				
State: WA District: 00	Other (specify)				
Full Name (Last, First, Middle Initial)					
B. CHUCK FLEISCHMANN FOR C	ONGRESS COMMIT	TTEE INC	Date of Disbursement		
OHOOKI EELOOHIVI/AAAA OKO	ONONEOU OOMINII	1122, 1140.	M = M / D = D / Y = Y = Y	Y	
Mailing Address P.O. Box 11091			07 31 2012		
SUITE 1000 JAMES BUILDING					
City Chattanooga	State Zip Code TN 37401		Transaction ID : SB23.26144		
Purpose of Disbursement	07 101				
campaign		11 11	Amount of Each Disbursement this	s Period	
Candidate Name		Category/	10	00.00	
CHARLES J FLEISCHMANN	noment For: 0040	Туре		00.00	
Office Sought: House Disburs Senate	sement For: 2012 Primary General				
President	Other (specify)				
State: TN District: 03	, , , , , , , , , , , , , , , , , , ,				
Full Name (Last, First, Middle Initial)					
C. CLEAVER FOR CONGRESS			Date of Disbursement		
A4 39 A 11	-		M = M / D = D / Y = Y = Y	Y	
Mailing Address 2300 MAIN STREET SUITE 100	00		07 10 2012		
City	State Zip Code		T // ID 0000 00400		
KANSAS CITY	MO 64108		Transaction ID : SB23.26122		
Purpose of Disbursement campaign					
Candidate Name			Amount of Each Disbursement this	s Period	
EMANUEL II CLEAVER		Category/ Type	100	00.00	
	sement For: 2012	Турс			
Senate	Primary General				
President	Other (specify) ▼				
State: MO District: 05					
			200	00.00	
SUBTOTAL of Disbursements This Page (optional	)	·····	300	00.00	
TOTAL This Period (last page this line number or	ılv)				
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SC	HEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 12					
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	ly one)				
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam							
$\overline{}$	NAME OF COMMITTEE (In Full)	le and address of any poin	icai committee to	5 Solicit Contributions from Such Committee.				
	HCA INC. GOOD GOVERNMENT	ELIND						
/	HCA INC. GOOD GOVERNMENT	FUND						
	Full Name (Last, First, Middle Initial)							
A.	FRIENDS OF JOE PITTS			Date of Disbursement				
	Matter Address DO DOVEN			M   M / D   D / Y   Y   Y   Y   Y   Y   Y   Y   Y   Y				
	Mailing Address PO BOX 775			07 05 2012				
	City	State Zip Code						
	UNIONVILLE	PA 19375		Transaction ID : SB23.26121				
	Purpose of Disbursement stop payment - check lost							
	Candidate Name			Amount of Each Disbursement this Period				
	Calididate Name		Category/ Type	-5000.00				
	Office Sought:	nent For:	Type					
	Senate	Primary General						
	President	Other (specify) ▼						
	State: PA District: 16							
_	Full Name (Last, First, Middle Initial)			Data of Dishursoment				
В.	PETE STARK RE-ELECTION COM	VIIVIIIIEE		Date of Disbursement				
	Mailing Address P.O. Box 8331			07 17 2012				
	3 - 1 - 1 - 0 - 2 0 × 0 0 0 1							
	,	State Zip Code		Transaction ID : SB23.26134				
	Fremont Purpose of Disbursement	CA 94537	I					
	fundraiser			Amount of Each Disbursement this Period				
	Candidate Name		Category/					
	PETE STARK RE-ELECTION COM		Type	2500.00				
		nent For: 2012						
	Senate	Primary General						
	President State: CA District: 13	Other (specify) ▼						
_	Full Name (Last, First, Middle Initial)							
_	TOM RICE FOR CONGRESS			Date of Disbursement				
	TOWN KIEL FOR CONTORIZED			M M / D D / Y Y Y Y				
	Mailing Address 1107 48TH AVE., N.			07 23 2012				
	SUITE 210 City	State Zip Code						
	MYRTLE BEACH	SC 29577		Transaction ID : SB23.26139				
	Purpose of Disbursement							
	campaign			Amount of Each Disbursement this Period				
	Candidate Name		Category/	1000.00				
	TOM RICE  Office Sought:   ✓ House Disburser	ment For: 2012	Туре					
	Senate Disburser	Primary General						
	President	Other (specify) ▼						
_	State: SC District: 07							
	•							
s	JBTOTAL of Disbursements This Page (optional)			-1500.00				
_	STAL This David (lost now this the mount							
1 1	<b>OTAL</b> This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 1				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NE NOMBER.			
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or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
HCA INC. GOOD GOVERNMENT	FUND					
Full Name (Last, First, Middle Initial)						
A. Yoder for Congress			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO Box 26742			07 05 2012			
Oih.	Mala 7:- 0 1					
City S Overland Park	State Zip Code KS 66225		Transaction ID : SB23.26120			
Purpose of Disbursement	00225					
check voided - stop payment made			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type	-1000.00			
Office Sought: House Disbursen						
	Primary General					
State: KS District: 03	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
			M M / D D / Y Y Y			
Mailing Address						
211						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Type				
Office Sought: House Disbursen						
	Primary ☐ General  Other (specify) ▼					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
City	State Zip Code					
Ony	nate Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursen	pont For:	Туре				
	nent For:  Primary General					
	Other (specify)					
State: District:	· · · · · · · · · · · · · · · · · · ·					
SUBTOTAL of Disbursements This Page (optional)			-1000.00			
			500.00			
TOTAL This Period (last page this line number only)			500.00			

•	CHEDITE B (EEC Form 2V)										
J	CHEDULE B (FEC Form 3X)	l	FOR LINE NUMBER: PAGE 10 C						0 OF 1	2	
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check	only one)		_				
			ummary Page	2	21b	22	23	24	2	25 2	26
		Botanea of	uninary rago	2	27	28a	28b	280	× × 2	.9 3	30b
Αı	ny information copied from such Reports and Staten	nents may no	ot be sold or used	d by any r	erson for	r the pur	nose c	f solicit	ina conti	ributions	
	for commercial purposes, other than using the name										
$\overline{}$	NAME OF COMMITTEE (In Full)										
	HCA INC. GOOD GOVERNMENT	ELINID									
/	HCA INC. GOOD GOVERNIVIENT	FUND									
_	Full Name (Last, First, Middle Initial)										
Δ.	Art Swann for State Representative	_			Da	ate of Di	sburse	ment			
	All Swalli for State Representative	7						_			
	Mailing Address 3652 Wagon Wheel Rd					м = м / 07	10		201		
	Wagon Wileer Nu					O/	10		2012		
	City	State	Zip Code								
	Maryville	TN	37803		1	Transact	ion ID	: SB29.	26125		
	Purpose of Disbursement										
	contribution				Ar	mount of	Fach	Dishurs	ement th	nis Period	
	Candidate Name		I		41 -			2.020.0			-
	Art Swann			Category/	′   I					500.00	н
		ment For: 20	140	Type			7	,			
		Primary	General								
	President	Other (specif	(y) <b>▼</b>								
	State: TN District:										
_	Full Name (Last, First, Middle Initial)										
В.	Committee to Elect Gerald McCorn	nick			Da	ate of Di	sburse	ment			
						M = M /	D	D /	ΥΥ		
	Mailing Address P.O. Box 1087					07	10	)	201	2	
	•		Zip Code			Transact	ion ID	: SB29.	26132		
	Chattanooga	TN	37401								
	Purpose of Disbursement fundraiser				1 .			D: 1			
					Ar	mount of	Each	Disburs	ement tr	nis Period	
	Candidate Name			Category/					1	1000.00	7
	Gerald McCormick			Type			7	7	<u> </u>	000.00	4
	Office Sought: House Disbursen	ment For: 20	)12								
	Senate	Primary	M General								
	President	Other (specif	fy) 🔻								
	Obstacl TNI District 00		• • •								
	State: TN District: 26		•								
	Full Name (Last, First, Middle Initial)										
<u>с</u> .	Full Name (Last, First, Middle Initial)				Da	ate of Di	sburse	ment			
C.	20							_	Y = Y =	YIY	
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep						sburse	D /	y y 2012		
C.	Full Name (Last, First, Middle Initial)					M = M /	D	D /			
c.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive	State	Zip Code			07 /	10	) /	2012		
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive	State TN				M = M /	10	) /	2012		
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City Standard St		Zip Code			07 /	10	) /	2012		
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City Standard St		Zip Code			07	10	: SB29.	2012 <b>26129</b>		
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City Standard St		Zip Code	Catagory	Ar	07	10	: SB29.	2012 26129 ement th	nis Period	_
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City Hendersonville Purpose of Disbursement campaign  Candidate Name		Zip Code	Category/ Type	Ar	07	10	: SB29.	2012 26129 ement th	2	1
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart		Zip Code 37075	Category/ Type	Ar	07	10	: SB29.	2012 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City State Rep  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought: House Disbursement	TN ment For: 20	Zip Code 37075		Ar	07	10	: SB29.	2012 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City State Rep  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought: House Disbursement	ment For: 20 Primary	Zip Code 37075		Ar	07	10	: SB29.	2012 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought:  House  Senate  President  Disbursement	TN ment For: 20	Zip Code 37075		Ar	07	10	: SB29.	2012 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought:  House Senate  Disbursen	ment For: 20 Primary	Zip Code 37075		Ar	07	10	: SB29.	2012 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City State Rep  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought: House Senate President  State: TN District: 45	ment For: 20 Primary Other (specif	Zip Code 37075	Type	Ar	07	10	: SB29.	201: 26129 ement th	nis Period	]
C.	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought:  House  Senate  President  Disbursement	ment For: 20 Primary Other (specif	Zip Code 37075	Type	Ar	07	10	: SB29.	201: 26129 ement th	nis Period	]
	Full Name (Last, First, Middle Initial)  Debra Maggart for State Rep  Mailing Address 112 La Bar Drive  City State Rep  Hendersonville  Purpose of Disbursement campaign  Candidate Name  Debra Maggart  Office Sought: House Senate President  State: TN District: 45	ment For: 20 Primary Other (specif	Zip Code 37075	Type	Ar	07	10	: SB29.	201: 26129 ement th	nis Period	]

S	CHEDULE B (FEC Form 3X)					PAGE 11 OF 12		
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(check only	nly one)			
		Detailed Summary Pag		21b	22	23	24 25 26	
_				27	28a	28b	28c 🗙 29 30l	
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7	NAME OF COMMITTEE (In Full)	.o and address of any po						
$  \rangle$	HCA INC. GOOD GOVERNMENT	FLIND						
	TIO/ TITO: GOOD GOVERNMENT	TOND						
_	Full Name (Last, First, Middle Initial)							
Α.	Friends of Craig Fitzhugh				Date of	Disburseme	ent	
	Mailing Addross 125 South Alaine St				м м 07	10	2012	
	Mailing Address 135 South Alpine St.				U/	10	2012	
	City	State Zip Code			<b>T</b>	- (' ID 0	ND00 00404	
	Ripley	TN 38063			iransa	ction ID : S	SB29.26131	
	Purpose of Disbursement fundraiser					( E   D:		
	Candidate Name		<b>⊣</b>		Amount	of Each Dis	sbursement this Period	
	Craig Fitzhugh		(	Category/ Type			1000.00	
		nent For: 2012		Турс		7	, , , , , , , , , , , , , , , , , , , ,	
		Primary	ı					
	President	Other (specify)						
	State: TN District: 82							
_	Full Name (Last, First, Middle Initial)							
В.	JACK JOHNSON FOR STATE SE	NATE			Date of	Disburseme	ent	
	Mailing Address 330 FRANKLIN ROAD SUITE 135.	Λ 470			м - м 07	10	2012	
	Mailing Address 330 FRANKLIN ROAD SUITE 133.	A-170			Ü/	10	2012	
	City	State Zip Code			Tranca	ction ID · S	SB29.26133	
	BRENTWOOD	TN 37027			Hallsa	CHOILID . S	5B29.20133	
	Purpose of Disbursement fundraiser		lг		Amount	of Foob Die	shuraamant this Daviad	
	Candidate Name		-  L		Amount	or Each Dis	sbursement this Period	
	JACK JOHNSON		(	Category/ Type	1	1000.00		
		nent For: 2014		.,,,,		,	,	
		Primary Genera	I					
	President	Other (specify) ▼						
_	State: TN District: 23							
	Full Name (Last, First, Middle Initial)				5	<b>.</b>		
Ċ.	Kentucky House Democratic Cauci	us				Disburseme		
	Mailing Address PO Bo x 4204				07	17	2012	
					4.			
	•	State Zip Code			Transa	ction ID · S	SB29.26138	
		KY 40604			a.ioa	0	7220.20100	
	Purpose of Disbursement fundraiser		П					
	Candidate Name		$+$ $\vdash$		Amount	of Each Dis	sbursement this Period	
			'	Category/ Type			1000.00	
	Office Sought: House Disbursen	nent For:				,		
	Senate	Primary Genera	.l					
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_ ا							3000.00	
L	SUBTOTAL of Disbursements This Page (optional)		•••••	······		7	5550.00	
,	OTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)				PAGE 12 OF 12			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)				
	Detailed Summary Page	21b	22 23	24 25 26			
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NAME OF COMMITTEE (In Full)	addition of any pointo		TELECT CO. MIDAGONO NO	200 00			
HCA INC. GOOD GOVERNMENT	FUND						
/ Horance Good Governiment	TOND						
Full Name (Last, First, Middle Initial)							
A. Mike Pence for Indiana			Date of Disburseme				
Mailing Address PO Box 1038			07 27	2012			
Mailing Address FO Box 1036			01 21	2012			
City	State Zip Code		Transaction ID . C	D20 26442			
Anderson	IN 46015		Transaction ID : S	B29.26142			
Purpose of Disbursement fundraiser			Amount of Fook Dio	bursement this Period			
Candidate Name			Amount of Each Dis	bursement this Period			
Candidate Name		Category/ Type		4000.00			
Office Sought: House Disburse	ment For: 2012	.,,,,,	,	,			
Senate	Primary						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Diahuraama	m+			
B. Vance Dennis Campaign			Date of Disburseme				
Mailing Address 545 Cedar Cove Lane			07 10	2012			
0 0 0 0000 00 00 00							
•	State Zip Code		Transaction ID : S	B29.26130			
Savannah Purpose of Disbursement	TN 38372						
fundraiser			Amount of Each Dis	bursement this Period			
Candidate Name		Category/					
Vance Dennis		Type		750.00			
	ment For: 2012						
Senate President	Primary General						
State: TN District: 71	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disburseme	nt			
			M M / D D	/ Y Y Y Y Y			
Mailing Address							
City	State Zip Code						
City	State Zip Code						
Purpose of Disbursement							
			Amount of Each Dis	bursement this Period			
Candidate Name		Category/					
Office Sought: House Disburse	mont For:	Type					
Office Sought: House Disburse	ment For:  Primary  General						
President	Other (specify)						
State: District:	· · · · · · · · · · · · · · · · · · ·						
SUBTOTAL of Disbursements This Page (optional)				4750.00			
				10250.00			
TOTAL This Period (last page this line number only	)			10230.00			